Revised 06/08

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
610 EAST 12TH, SUITE 1A
DES MOINES, IA 60319 07 Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

Towa Code section 8.7 requires all gifts and bequests given to any department of the state of towa preceded by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipted the gift or bequest.

FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For affice use only Indexed **Audited** Checked Computer

STATE TRAINING SCHOOL			
Name of Department or Office 3211 EDGINGTON AVE.			
Mailing Address	ELDORA, IA 50627 City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:		
Kristin Hagedon			
Name			
Mailing Address (If different from above)	City, State, Zip (if different from above)		
khagedo@dhs.state.ip.us Emall Address	Area Code & Telephone Number (If different from above)		
	200 0000 or Londwing Language (a mineralis lintu 900A9)		
ONOR OF GIFT OR BEQUEST:			
C. Adrian Olson American Legion Auxiliary #468			
Name			
c/o Ms. B. McIntosh Cleghorn, IA 51014			
Mailing Address City, Stale, Zip Code	10/19/12 \$25,00		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*		
Lasa Code of Leisthiolia Millibel	"value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift or bequest and purpose thereof:			
cash donation to be used toward student phone calls	at Chrietmas		
plotto out	of Chilstines		
Criteria to use this form:			
Acceptance parameter and control of the Control of			
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.		
atement of Affirmation:			
Kristin Hagedonaffirm that the gift or bequest reported abo	ove is accurate. I further affirm that the information concerning the donor ar		
sessment of the fair market value (if applicable) is correct and true to the	e best of my knowledge.		
Kristin Hagedon	10/24/12		

10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa-Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Checked	8001
Computer	

Disclosure Board and the Government Oversight Committee. The Board will provide a copy of checked					
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST: STATE TRAINING SCHOOL					
Name of Department or Office 3211 EDOINGTON AVE FI DORA TA 50677					
SA-10					
∬ 941-83€-3402	City, State, Zip Code				
Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:					
Kristin Hagedon					
Name					
Malling Address (II different from above) Cliv. State. Zim /If different					
Mailing Address (II different from above) Khagedo@dhs.state.ia.us	erent from above)				
Email Address Area Code & Telepho	one Number (if different from above)				
Provide a description of the gift or bequest and purpose thereof: 112 study Bibles for students, and copies of Ed Thomas biography	\$5,690.84 Si Amount/Value* fair market value" of item as determined by or office. If no value mark "0.00".				
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Govern	nor on behalf of the state.				
Statement of Affirmation: Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm to a seesment of the fair market value (if applicable) is correct and true to the best of my knowledge.	hal the information concerning the donor and				
Kristin Hagedon 10	/24/12				
g.··nimev V	Date				

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IOWA ETHICS AND CAMPAIGN DISCLOSURE I	ROADD
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DisclosuraBoard and the Government Oversight Committee. The Board will provide a coov of 4

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The State of peddest.					
DEPARTMENT OR OFFICE RECEIVING THE	SIFT OR BEQUEST:				
STATE TRAINING SCHOOL					
Name of Department or Office 3211 EDGINGTON AVE.	EL DOBA IN	\$0637	-		
Malling Address	ELDORA, IA 50627 City, State, Zíp Code				
ea Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPART	MENT OR OFFICE:	_			
Kristin Hagedon					
Name	19 Also A		180 A		
Malling Address (if different from above) khrgedo@dhs.state.ia.us	с	ity, State, Zip (if different	from above)		
Email Address		rea Cade & Talanhara	ombas Of Alliana to		
	^	res cane e Telebulous M	umber (il different from above)		
ONOR OF GIFT OR BEQUEST:					
North Iowa YFC/Juvenile Justice Ministries					
Name					
	ty, IA 50402		South Sail		
Mailing Address City, State, 2		5/2/12	\$225.00		
Area Code & Telephone Number	D	ale of Gift or Bequest	Amount/Value*		
		alue is defined as "fair ma	rket value" of item as determined by		
Emall Address (optional)	re-	ceiving department or offi	ca. If no value mark "0.00".		
Provide a description of the gift or bequest and purpo					
file cabinet to be used in the Chaplainc	y Services office				
Criteria lo use this form:		· · · · · · · · · · · · · · · · · · ·			
Receipt of any gift or bequest that is received by any	department of the state or rec	eived by the Governor on	behalf of the state.		
tement of Affirmation:					
Cristin Hagedon					
affirm that the gift or bequessment of the fair market value (if applicable) is corn	iest reported above is accurated and true to the best of my	le. I further affirm that the knowledge.	information concerning the donor and		
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Kristin Hagedon	Ĵ				
	_	10/24/	12		
Signature		/ 	Data		